

# **SINGAPORE ACCIDENT STATEMENT**

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

  4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

- 4. The issue and acceptance of this is form by instrained companies.
   5. Any false reporting may be referred to the Police for investigation.
   6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

**ACCIDENT STATEMENT** Date of Submission 12/12/2022 14:15 (SGT) Reported by Date of Accident 11/12/2022 10:00 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG AYE TOWARDS TUAS Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SJD62G INSURED/POLICYHOLDER Is company? No Name Of Registered Owner LIM HONG CHEE NRIC No SXXXX574A Email Address francislim 1967@hotmail.com Mobile Phone No (Phone) +65-98358857 Alternative Phone No VEHICLE PARTICULARS Manufacturer Volkswagen Model **Passat** Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1798 **INSURANCE COMPANY** Name of Insurance Company ERGO Insurance Pte. Ltd.

DMPG22012921

LIM HONG CHEE

SXXXX574A

09/12/1967

Indoor

DRIVER

NRIC No

Name of Driver

Date Of Birth

Occupation

Policy Number / Cover Note Number

Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	francislim_1967@hotmail.com 21 HAZEL TERRACE # 10-10 678946 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Raining Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement  PASSENGER 1  Name  Gender	- -
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Bukit Panjang Neighbourhood Police Centre No.1 Segar Road #01-05 Singapore 677738 No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE POLICE REPORT- T/20221211/2053	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	

YN4809M

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	_
Address complement	_
Postcode	_
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person Gender	ANNE CHOOI Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON NECK, BACK AND LEGS
Injured person in which vehicle?	SJD62G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Amy false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me:
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v).complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

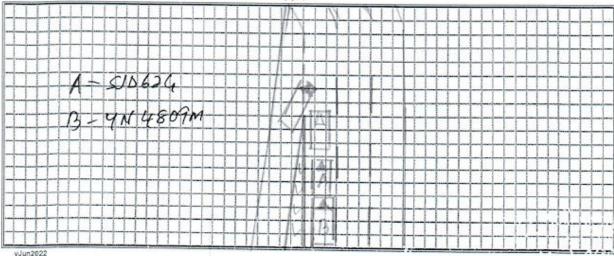
Polityholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

AYE



9/s	refi	6	the po	lice	report	: 7/202	2/2/1/2	053
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-					8			
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aration								
declare th	e foregoing part	iculars are t	rue in every res	pect.				
1		1						- 4
July	/13/1	20					Church A	12/12/20
howers	Signature / Date	& time A	ctual Driver's Si	gnature (if	driver is not the po	licyholder) Witne	ssed by Reporting	Centre Personn





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

Report No. T/20221211/2053

#### CONTINUATION OF REPORT

#### Brief Details.

On 11/12/2022 at about 1000hrs, I was driving my car (SJD62G) along AYE towards Tuas with my wife namely Anne Chooi as a passenger. Before the exit to Jurong Town Hall Road, the car in front of me slowed down to give way to a bus. Hence, I also slowed down. However, the lorry behind me (YN4809M) did not slow down in time and collided into the rear of my car.

My rear bumper was damaged whereby it was dented in and had scratches. I am unsure if there is any internal damage. I did not notice any damage to the lorry. No police or ambulance was at scene. I exchanged particulars with the lorry driver.

The lorry driver was not injured. However, both my wife and I felt pain on our necks, backs and legs. Hence, we went to Mount Alvernia Hospital and both of us were given an outpatient sick leave of 5 days from 11/12/2022 to 15/12/2022.

I wish to inform that I have a front and rear in-car camera which recorded the whole accident.



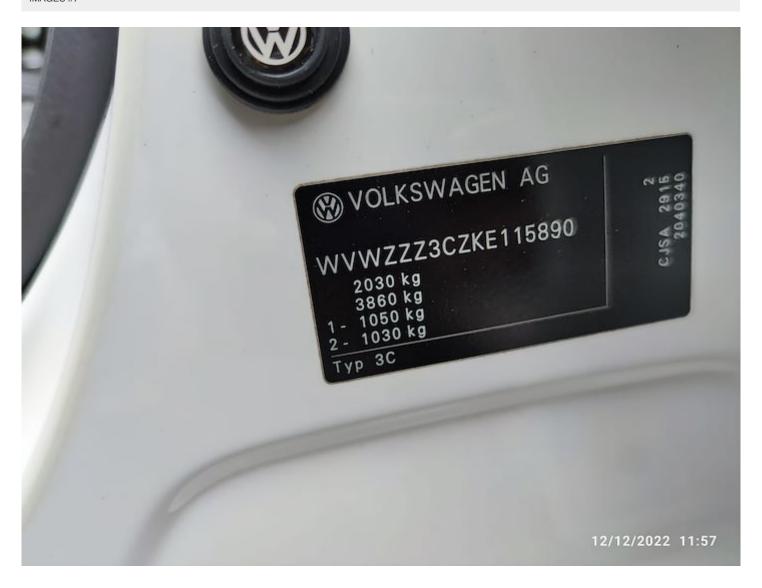


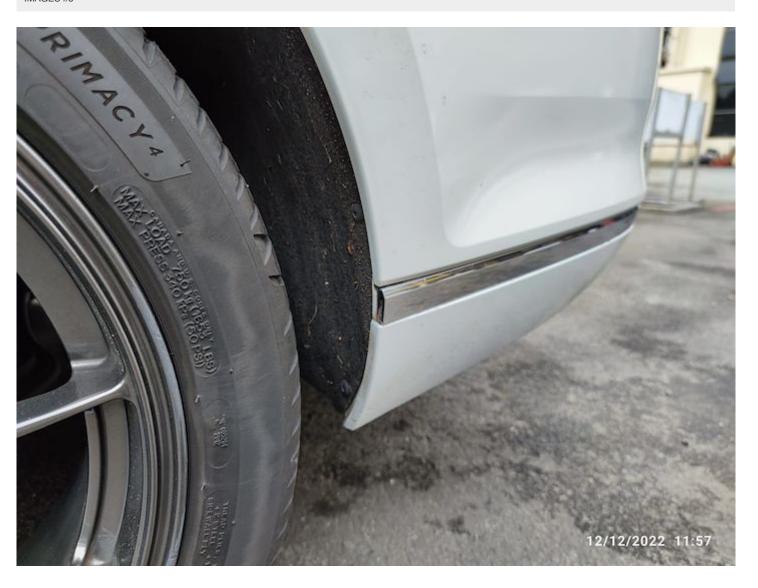




















Police Station Of Origin:

Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

Report No. T/20221211/2053

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2022 17:18		Made:	Vide Report No.:	Station Diary No.: 84			
Informa	nt's Partic	ulars					
	f Informant: NG CHEE		Address: 21 HAZEL PARK TERRACE	#10-10 SINGAPORE 678946			
0.0000000000000000000000000000000000000	/ ID No.: 0 / S18295	74A	Contact No.: Home/Office:	Mobile: 98358857			
Nationality: SINGAPORE CITIZEN		ΈΝ	Email: francislim_1967@hotmail.com				
Sex: Male	Age: 55	Date of Birth: 09/12/1967	Type of Informant:				
Race: Chinese			Language:	Institution / School Name:			
Occupation: Company director			Driving Licence Information: Class: 3	Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2022 10:00	Type of Location Straight Road
Location:  AYER RAJAH  Weather:	H EXPRESSWAY	Road Surface:	ı	
		200000000000000000000000000000000000000	,	Road Speed Limit:
Heavy rain		Wet		Road Speed Limit:
Heavy rain Traffic Flow:		200000000000000000000000000000000000000	1	Road Speed Limit:  Fraffic Volume:  Moderate

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SJD62G	Car	VOLKSWAGO N	PASSAT B8 1.8 TFSI AT SR NAV 17W 3G24JZ	White		1		
YN4809M	Lorry	ISUZU		Blue		0		

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

2 of 4 Report No. T/20221211/2053

CONTINUATION OF REPORT

Insurance Company	Land Control of the		A. C.	and the second
			Effective	Expiry Date
SHC INSURANCE PTE. LTD.	DMPG22012921		29/10/2022	28/10/2023
trians Injured: NII	Una dB to the			
Charles of the later of the lat	Use of Pedestrian	Cross	sing: NA	
ANNE CHOOI LEE PYNG	ID No.		S7277589I	
cle SJD62G (Car)		t No.		
	The second secon	Insurance Company SHC INSURANCE PTE. LTD.  DMPG2201292  Person Involved an Involved: No trians Injured: NIL  Use of Pedestrian  ANNE CHOOL LEE PYNG  Insurance No DMPG2201292  Use of Pedestrian	Insurance Company SHC INSURANCE PTE. LTD.  DMPG22012921  Prson Involved an Involved: No trians Injured: NIL  Use of Pedestrian Cross  ANNE CHOOL LEE PYNG  ID No.	Insurance Company SHC INSURANCE PTE. LTD. DMPG22012921 29/10/2022  Prson Involved an Involved: No trians Injured: NIL Use of Pedestrian Crossing: NA  ANNE CHOOL LEE PYNG ID No. S7277589I

Related Vehicle	SJD62G (Car)				act No.	97828397
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	11/12/2022		Data Dia		-	
	Date			charge 11/12		
Driver	Parameter Louve	00	Degree o	rinjury	Sligh	t
Name	LIM HONG CHEE	LIM HONG CHEE				S1829574A
Related Vehicle	SJD62G (Car)			Contact No.		98358857
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment					and the second second	/2022
No. of Days gran	ted Medical Leave	05	Degree of	harge 11/12/2022 f Injury   Slight		
Driver		100	Degree of	irijury	Silgni	
Name	THANISLAS ROBIN	ROBERT		ID No.		G6766052N
Related Vehicle	YN4809M (Lorry)			Contact No.		98279353
Hospital/Clinic	NIL					Class: NIL Date of Expiry: NIL
Date Treatment	NII		T-	CVbilly	Date	

NIL

Date Discharge NIL
Degree of Injury NIL

Date Treatment NIL

No. of Days granted Medical Leave





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T/20221211/2053

4 of 4

Report No. T/20221211/2053

Police Station Of Origin; Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:	Signature Of Informant:
SGT 2 LIM LI HUI, YUKI	-\mathred{G}
Signature Of Interpreter: Not applicable	Date/Time: 11/12/2022 17:18
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case;
NP168	